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## A Practitioner's Guide: Using the Cognitive Performance Test to increase Independent Living Skills for Individuals with Intellectual Disabilities

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A Practitioner's Guide: Using the Cognitive Performance Test to increase Independent  
Living Skills for Individuals with Intellectual Disabilities

By

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A Scholarly Project

Submitted to the Occupational Therapy Department of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Master of Occupational Therapy

Grand Forks, North Dakota

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This scholarly project, submitted by Alycia Peacock MOTS and Grace Spanos MOTS in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Jessa Hulteng

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Faculty Advisor

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## ABSTRACT

**Title:** A Practitioner's Guide: Using the Cognitive Performance Test to increase Independent Living Skills for Individuals with Intellectual Disabilities

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**Problem:** Individuals with intellectual disabilities (ID) have the desire to live as independently as possible (Gragoudas, 2014). There are a number of barriers that impact living independently including the ability to complete self-care tasks, money management, home management, and health management (Bond & Hurst, 2010). Other barriers reported for individuals with ID include relationships with caregivers, living alone, and vulnerability (Bond & Hurst, 2010). Research identifies that it is difficult to determine the amount of support needed to promote independence in individuals with ID (Francis & Reed, 2019). Occupational therapists (OTs) possess a unique skillset to assist clients with ID to increase their independent living skills. Despite having this skillset, OTs report uncertainty in choosing the most effective interventions for clients with ID to obtain the highest level of functional independence (Helloasiwise, 2018). This scholarly project used the Cognitive Performance Test (CPT) to develop a resource for OTs to use to guide effective client-centered interventions.

**Methods:** The Ecology of Human Performance (EHP) Model was used to develop interventions based on cognitive levels determined through scores of the CPT. The

product consists of background information on intellectual disabilities, the role of OT, a description of the EHP and how it was applied throughout. For each CPT level there is a description of function, intervention ideas, intervention approaches, and a rationale with ideas for grading the intervention to be more or less difficult. An extensive literature review was conducted in order to guide the development of interventions as well as the overall development of the booklet.

**Conclusion:** It is expected that this product will provide a resource to meet the needs identified in the research. Occupational therapists will be better equipped to determine effective interventions for clients with ID in order to obtain the highest level of independence. Interventions are client-centered, evidence-based, and grounded in theory. A limitation of the product is that it has not been piloted though there have been requests to share the completed product. This booklet can serve as a tool to increase the ease of OTs developing intervention plans that are individualized for clients with ID. The overall goal of this product is to increase independence of individuals with ID. It is recommended that future research be conducted to determine the effectiveness of the booklet.



# CHAPTER I

## INTRODUCTION

Independence is a common goal among individuals in this society, as individuals with intellectual disabilities (ID) have the desire to live as independently as possible (Gragoudas, 2014). In the United States there are roughly six and a half million individuals living with an ID (Taylor, 2018). Despite having the desire to live independently, only 14% of adults living with ID and seven percent of adults living with Down syndrome live in their own home (Woodman, Mailick, Anderson, & Esbensen, 2014). Most adult-age individuals living with IDs live with relatives or in community settings such as group homes with varying levels of supervision (Woodman et al., 2014). Despite having the capabilities to do so, individuals with ID continue to face challenges living independently (Gragoudas, 2014).

The literature review will examine current evidence-based research that addresses individuals with ID regarding their motivation and need for independence when engaging in instrumental activities of daily living (IADLs). ID is defined and reviewed, along with the actions that can be taken to allow this population to attain independence in their daily lives. In addition, the role of occupational therapy is described in IADL performance for this population. Justification is described throughout the literature review for the need for OT interventions addressing functional independence for individuals with ID.

The methodology chapter will describe the process and steps towards the development of the scholarly project. The scholarly project was developed over the span of several months. To best address the purpose of the product, a model was chosen that aligns with the literature in order to guide its development. A literature review was completed to gain further evidence regarding the topic. Based on the literature review, a product was developed to outline

interventions based on CPT scores. Development of the product was guided by theory to best address the needs of individuals with ID.

The authors used the Ecology of Human Performance (EHP) model as a framework for the development of the product. EHP is described as the interaction between the environment and people, as well as the way in which it affects human performance and behavior (Dunn, Brown, & McGuigan, 1994). This model incorporated therapeutic interventions including establish/restore, alter, adapt/modify, prevent, and create approaches (Dunn et al., 1994).

The Occupational Therapy Practice Framework: Domain and Process, 4th edition was used in the development of the product to identify and define occupations with regards to independence. The product incorporates IADLs identified in the framework to address independence. Interventions were developed for each IADL in order to support individual's engagement in the home and community (AOTA, 2020).

The product includes an introduction to the booklet and a description of the overall purpose. The booklet includes IADL interventions at varying CPT scores that are implemented with the intent to promote independence for individuals with ID. The interventions are structured in a table to allow for easy follow-along. Each CPT score has a table of interventions for each IADL category. The tables were constructed using the EHP model and include a performance description at that level, helpful tools, description of interventions, an intervention approach, and how to grade the intervention to be more or less challenging. Concepts of EHP are incorporated throughout the product.

The goal of this scholarly project is to fill a need for promotion of independence for individuals with ID. The booklet provides occupational therapists with a guide of interventions that is grounded in theory and client-centered. Individuals with ID have the desire and

motivation to achieve independence through promotion of their autonomy and self-determination to achieve their goals (Gragoudas, 2014). With the utilization of the booklet, occupational therapists will have the resources to provide them with the skills and knowledge to reach those goals.

## CHAPTER II

### REVIEW OF LITERATURE

In the United States there are roughly six and a half million individuals living with an intellectual disability (ID) (Taylor, 2018). On a larger scale it is estimated that approximately three percent of the global population lives with an ID which is as many as 200 million individuals (Taylor, 2018). Many individuals with ID have the desire to be independent (Gragoudas, 2014). However, only 14% of adults living with ID and seven percent of adults living with Down syndrome live in their own home (Woodman et al., 2014). Individuals with ID have the capabilities to demonstrate independence but face various barriers to do so.

An intellectual disability (ID) is a sub component of a developmental disability characterized by significant limitations in both intellectual functioning and adaptive behavior, originating before the age of 18 years old (Havercamp et al., 2019). Intelligence refers to general mental ability including the following skills: problem solving, reasoning, planning, complex ideas, thinking abstractly, learning quickly, and learning from experience (Havercamp et al., 2019). Examples of IDs include Fragile-X syndrome, Down Syndrome, Cerebral Palsy and Autism Spectrum Disorder (Taylor, 2018). An individual with ID experiences limitations that are a result of varying circumstances that impact intellectual functioning and adaptive behavior.

Intellectual disabilities can be caused by a number of different circumstances including injuries, disease, genetics, or a neurological problem (Taylor, 2018). Oftentimes, the cause of an ID is unknown (Taylor, 2018). Genetic conditions leading to ID occur when there is an error in one's genetic code and the genes from both parents are being combined while the fetus is forming (Taylor, 2018). Complications during pregnancy such as a mother who drinks alcohol or gets an infection, such as rubella during pregnancy, can also cause a child to acquire an ID

(Taylor, 2018). Other causes may be a result of complications during birth, such as the baby not getting enough oxygen (Taylor, 2018). The last known cause of ID is related to diseases or toxic exposure during early development as a child (Taylor, 2018). There are a number of circumstances that can lead to an individual being diagnosed with an ID as well as varying perspectives of treatment towards individuals with ID throughout the years.

### **Historical Treatment of Individuals with Intellectual Disabilities**

Individuals with ID have a long history of abuse and neglect dating back to the 13th century (Conrad, 2018). During this time period, people with ID were viewed as non-humans and treated poorly, as they were often institutionalized in facilities with poor conditions (Conrad, 2018). Examples of these injustices include their inability to own property in the 1960s, less education opportunities in terms of education geared towards their specific needs, and being treated as less than human (Conrad, 2018). Individuals with ID have a history of injustices that have impacted their rights over the years, however legislation has emerged to address those rights and allow for equality for this population.

In the 1960s and 1970s legislation began to emerge leading to an increase in rights of independence with individuals with ID. The Brown v. Board of Education, 347 U.S. 483 of 1954 ruling created a vital precedent for those with disabilities (Conrad, 2018). The ruling stated that segregation based on a person's characteristics, such as race, gender, and disability, was unconstitutional (Conrad, 2018). The Community Mental Health Act (CMHA) was also formed during this time and provided states with funding to build research facilities that focus on issues related to intellectual and developmental disabilities (Conrad, 2018). This would then establish community-based mental health centers and facilities (Conrad, 2018). The Education for All Handicapped Children Act of 1975, also known as Individuals with Disabilities Act (IDEA), was

passed and entailed free access to public education in the least restrictive environment and the necessity of individualized education plans (Conrad, 2018). This provided direct services for those with intellectual and developmental disabilities (Conrad, 2018). Despite the emerging legislation, these conditions still existed leading to the development of the Americans Disabilities Act to allow for human rights for this population.

The Americans with Disabilities Act, 42 U.S.C. § 12102 of 1990 had the largest impact on individuals with ID, as it marked a new era in which individuals with intellectual and developmental disabilities were acknowledged in regards to their human rights (Conrad, 2018). The ADA was designed to abolish discrimination based on physical or mental impairment that substantially limits one or more of the major life activities, a record of such an impairment, or being regarded as having such an impairment (Conrad, 2018). The five titles in the ADA include receiving public services such as employment and education in the private sector and accessing buildings and transportation in the private sector (Conrad, 2018). Other public services include utilizing telecommunications services that accommodate those with hearing and speech impairments, as well as miscellaneous and other provisions (Conrad, 2018). Through this legislation, individuals with ID are entitled to the same rights as the general public. Despite their disability, this population has the right to be provided with the opportunity and resources to engage in occupations such as transportation, employment, education, and home management to allow for an increase in overall functional independence. These legislative policies were developed with the intention to increase equality of individuals with ID.

Despite ADA legislation and other policies, there continues to be a number of challenges that individuals with ID continue to face. Only 44% of adults with ID between the ages of 21-64 years of age are in the labor force compared to 83% of working age adults without disabilities in

the labor force (Taylor, 2018). Individuals with an ID are more than twice as likely to be unemployed as those who do not have a disability (Taylor, 2018). Of the adults that are working age who also have an ID, 21% of said individuals are unemployed as opposed to eight percent of adults without disabilities who are unemployed (Taylor, 2018). Despite the legislation and gains that have been made to increase equal rights, individuals with ID continue to face challenges living independently due to the limitations described.

### **Barriers to Living Independently**

Research indicates that individuals with ID prefer to live with as much independence as possible (Bond & Hurst, 2010). Intellectual functioning and adaptive behavior of individuals with ID may impact their ability to obtain the skills and resources to function independently (Havercamp et al., 2019). These limitations create barriers that this population must overcome to obtain those skills and resources to live independently. There are a number of barriers that impede their ability to successfully reach the end goal of living more independently. Such barriers that limit independence may include difficulty completing activities of daily living (ADLs)/instrumental activities of daily living (IADLs), relationships with caregivers, perception of living alone, increased vulnerability, and health (Bond & Hurst, 2010).

The ability to complete ADLs/IADLs is one of the main indicators of living independently. ADLs are described as activities oriented around taking care of oneself, such as self-cares (AOTA, 2020). IADLs are described as activities that support one's daily life in the home and community (AOTA, 2020). It is a practical issue for individuals with ID to be able to complete their ADLs/IADLs related to self-care, shopping, and transportation throughout the community for work or other tasks to successfully engage in meaningful activities (Bond & Hurst, 2010). Engaging in self-care is an essential need for human health to maintain proper

hygiene. Access to transportation is also important, as this allows for access to resources to live independently such as going to the grocery store for food. One may also need transportation to a place of employment. Another potential barrier for an individual living with an ID may include difficulty managing money and budgeting (Bond & Hurst, 2010). Difficulty completing ADLs/IADLs impacts a person's ability to live independently which can be exacerbated with limited resources and support.

Support and overall care provided to the individuals with ID is another significant barrier to living independently (Bond & Hurst, 2010). Such support may be formal, such as paid caregivers. Other support may be informal, such as family or friends. Most individuals report feeling satisfied with the formal caregiver support they receive, however there were some downfalls reported (Bond & Hurst, 2010). Individuals with ID expressed concerns regarding the fact they could not choose who provided care or how long their visits were from (Bond & Hurst, 2010). This indicates that individuals with ID want more input regarding the support and care that is being provided to them. This population should be provided with the opportunity to verbalize their needs with regards to care and support. This will provide individualized care based on perceived needs leading to an increase in functional independence.

Informal support provided by family and friends can also be a barrier to living independently. Parents of individuals with ID's are often highly involved in their child's life as they need more support from a young age (Francis & Reed, 2019). When the child transitions to being a young adult, parents can struggle letting go and allowing their child more independence in their everyday life (Francis & Reed, 2019). This may lead to less opportunities to practice and learn how to complete occupations that are important for living independently (Francis & Reed, 2019; Midjo & Aune, 2017). Parents report concerns regarding their child with an ID moving out



regarding the transition process of moving out and having the ability to care for themselves (Midjo & Aune, 2017). Other concerns include having friends, eating a healthy diet, and managing their finances (Midjo & Aune, 2017). Individuals with ID require varying types of support based on their overall needs and abilities (Francis & Reed, 2019). Individuals with ID experience various barriers related to formal and informal support, such as the amount of support provided, to allow for engagement in occupations related to living independently.

Perception of living alone is a significant barrier for individuals with ID with regards to increasing their independence (Bond & Hurst, 2010). Feelings about living alone were both positive and negative among individuals with ID (Bond & Hurst, 2010). Some individuals living with ID reported concerns for feeling of isolation if they were to live independently, as they did not feel as though they had the means to go out into the community and make friends (Bond & Hurst, 2010). Individuals also have concerns regarding the amount of choice and control given to them (Bond & Hurst, 2010). They are often limited in opportunities and resources to live self-sufficient lifestyles (Bond & Hurst, 2010). Such limiting opportunities and resources may include fixed incomes, access to resources, and maintaining a healthy lifestyle such as appropriate diet and nutrition. Individuals with ID recognize that they are lacking the resources and skills to functionally live alone (Bond & Hurst, 2010). Individuals living with ID are at a higher risk for occupational alienation. If they are not afforded the opportunity to have meaningful choices and opportunities for occupational participation they are at an increased risk of occupational isolation (Mahoney, Roberts, Bryze, & Kent, 2015).

Individuals with ID are more vulnerable than the general population in regards to personal safety (Bond & Hurst, 2010). This population is more at risk for being abused or enduring a traumatic event (Bond & Hurst, 2010). Research suggests that children with

disabilities are three and a half times more likely to be abused than children without disabilities (WHO, 2012). Individuals with ID also report concerns of being taken advantage of (Bond & Hurst, 2010). Feelings of safety and security are important for functional independent living, as an individual must feel comfortable and confident in themselves to demonstrate such independence.

The ability to manage one's health is another factor that impedes a person's ability to live independently (Bond & Hurst, 2010). Engagement in the occupation of medication management is an example of a challenging task. Individuals with ID may have difficulty remembering to take the correct medication at the right time with the appropriate dosage (Bond & Hurst, 2010). Research also addresses mental health and coping skills as a concern for this population (Bond & Hurst, 2010). Individuals with ID are more likely to have mental health problems; therefore, they need to be able to access mental health resources (Bond & Hurst, 2010). Individuals with ID must also have the knowledge to manage their mental health appropriately. Research indicates that health is a significant concern and that if they cannot manage their health independently they will lose their independence. (Bond & Hurst, 2010).

Individuals with ID face various challenges that restrict their autonomy (Petner-Arrey & Copeland, 2014). One of these challenges includes limited financial means. Examples of this may include fixed income, lower employment rates, and restrictions of Social Security Disability Insurance. Individuals require money to make payments on bills and afford basic necessities, such as food (Dew, Collings, Savage, Gentle, & Dowse, 2018). Individuals with ID value having autonomy, however are restricted by various challenges such as limiting financial means (Dew et al., 2018).

## **Capacity of Individuals with Intellectual Disabilities**

Individuals with ID value a sense of autonomy and are motivated in becoming independent (Gragoudas, 2014). A consistent theme found in research is that individuals with ID need to have a certain level of self-determination to achieve their goals (Gragoudas, 2014). Self-determination will allow for an increase in motivation and participation in completing occupations and planning for the future (Gragoudas, 2014). This population is more likely to be motivated to engage in their occupations when given the opportunity to make decisions in their personal lives (Mahoney et al., 2016). Individuals with ID are motivated to overcome personal challenges and barriers to allow for self-fulfillment and independence (Bond & Hurst, 2010). For example, individuals with ID highly valued having their own home reporting feeling of self-reliance, safety, and security (Ashley, Fossey, & Bigby, 2019). This population values autonomy and is motivated to overcome their challenges which may be achieved through empowerment and self-determination (Mahoney et al., 2016).

Empowering individuals with ID is a key component to successfully achieving their goals and overcoming challenges. There have been several approaches identified in the literature that empower individuals with ID to obtain independence. One example is the Teens Making Environment and Activity Modifications (TEAM) which allow individuals with ID to attain their goals through learning knowledge and participating in interventions (Kramer et al., 2018). This approach is focused on environment modifications to allow for independence to gain knowledge and skill to engage in meaningful occupations. Teens are able to identify their own barriers within their environment and determine solutions (Kramer et al., 2018). They must then request modification to allow for successful engagement in their environments (Kramer et al., 2018). This allows the individuals with ID to demonstrate and implement self-determination strategies

leading to empowerment and motivation to achieve one's goals (Kramer et al., 2018). Although this approach is beneficial towards self-determination for youth, there is not enough literature supporting the use of TEAMS with young adults with regards to increasing independence. Overall, individuals with ID are motivated and can often achieve their goals of independence when supported. The occupational therapy profession is centered around engagement through empowerment, which is an essential component for individuals with ID to attain their goals.

Many countries around the world have identified that independence with ID is important and have taken active steps to address this. European countries have made substantial gains to address these concerns to ensure that individuals with varying abilities have the means to gain further independence (Dusseljee, Rijken, Cardol, Curfs, & Groenewegen, 2011). Individuals with ID in the Netherlands have daytime responsibilities that contribute to their independence (Dusseljee et al., 2011). Such responsibilities include employment, leisure activities, and social participation. It is noted that such involvement is more prevalent in the younger adult population for individuals with ID (Dusseljee et al., 2011). As described, it is realistic for individuals with ID to achieve their goals relating to independence, as substantial gains have been noted in other countries towards independence for individuals with varying abilities.

### **The Role of Occupational Therapy**

Occupational therapists can address various factors to promote independence in IADLs. The field of occupational therapy is centered around promoting and empowering clients to have the autonomy to achieve their goals (Gragoudas, 2014). Occupational therapists should take a collaborative approach to decision-making with the client to provide them information and resources (Pallisera et al., 2018). Occupational therapists are an excellent fit to work with individuals with ID. Collaborating with clients and promoting decision making leads to increased

attention towards engagement in their occupations (Mahoney et al., 2016). Research suggests various ways to allow decision making for individuals with ID to allow for engagement in meaningful activities (Bigby et al., 2017). This may include supporting the individual during decision making and helping the individual access information to reach a decision (Bigby et al., 2017). Occupational therapists are well equipped to promote independence for individuals with ID through empowering and collaborating to best address their needs.

Occupational therapists understand the importance of client-centered, occupation-based interventions that fit the needs of the client, as well as motivate the client to engage in those occupations. Occupational therapists are trained and educated to understand and address the specific needs of individuals with ID (Burns, Lawler, Lawler, McCarten, & Kuskowski, 2018). Occupational therapists can provide individuals with the skills and resources to address those concerns and reach one's goals to allow for an increase in overall independence. Occupational therapists are equipped yet report uncertainty in choosing appropriate interventions (Mahoney et al., 2016).

There is a need for guided interventions to allow occupational therapists to provide optimal, client-centered, occupation-based interventions. A potential barrier to independence for individuals with an ID includes finding the "just right challenge", which is described as using an intervention that is not too difficult or too easy for the client (Helloasiwise, 2018). Finding the just right challenge for a client encompasses utilizing the correct environment, interpersonal communication skills, as well as personally meaningful occupations (Helloasiwise, 2018). When an intervention is too difficult for a client they are more likely to feel frustrated and lose motivation to engage in the therapy session (Helloasiwise, 2018). Similarly, if an intervention is too easy for a client they are likely to feel bored and lose interest and motivation to engage in the

occupation (Helloasiwise, 2018). Without the just right challenge an individual living with an ID is far less likely to improve their IADL performance competency which would decrease their chances of living independently (Helloasiwise, 2018). A product based on the needs of this population that provides intervention ideas for specific cognitive levels will allow therapists to feel confident in their services with the goal being to increase functional independence for their clients that have ID.

### **Instrumental Activities of Daily Living**

Instrumental activities of daily living (IADLs) are described as tasks that an individual may engage in that supports their life, as well as support their home and community environments (AOTA, 2020). Demonstrating the skills to engage in IADLs allows for an increase in overall independence, as individuals have the ability to function in such tasks in their daily life. IADL tasks include: caring for others, caring for pets, child rearing, communication management, driving and community mobility, financial management, health management and maintenance, home establishment and management, meal preparation and clean up, religious and spiritual activities and expression, safety and emergency maintenance, and shopping (AOTA, 2020). Each of these occupations promotes independence, as they are needed to function to be successful in their environment.

Evidence indicates that individuals with ID demonstrate difficulty with IADLs (Root, Saunders, Spooner, & Brosh, 2017). Skills such as budgeting, spending, and saving money are difficult skills for this population due to deficits in ability to generalize information (Root et al., 2017). When provided with real-world scenarios, clients are able to demonstrate skills needed for IADLs (Root et al., 2017). When implementing interventions to address IADLs, it is recommended to utilize problem-solving approaches to determine ways in which individuals can

still attain these necessary skills (Root et al., 2017). Individuals with ID would benefit from client-centered interventions that address IADLs, as this will increase their occupational performance and overall autonomy (Price, March, & Fisher, 2017). Problem-solving is a beneficial approach to utilize to address challenges engaging in IADLs when demonstrating difficulty generalizing information (Root et al., 2017). The most beneficial interventions identified in the research include occupation-based, real-world activities that promote problem-solving in order to generalize learned skills (Root et al., 2017).

### **Cognitive Performance Test**

Cognitive assessments are required to determine a client's cognitive level. The Cognitive Performance Test (CPT) is an evaluation tool primarily utilized to determine cognitive performance levels (Schaber, Stallings, Brogan, and Ali, 2016). Activities of daily living (ADLs) and instrumental activities of daily living (IADLs) are evaluated during the CPT to determine functional cognitive performance in an individual (Schaber et al., 2016). The CPT is both a standardized and performance-based assessment developed by Theresa Burns in 1990 (Schaber et al., 2016; Burns et al., 2018). The assessment utilizes familiar tasks to investigate the level of deficit in information processing performance of everyday activities. (Schaber et al., 2016). The CPT is an occupation-based assessment as demonstrated by the use of real tasks rather than simulated activities. The CPT best addresses the needs of individuals with ID with regards to IADLs and living independently (Schaber et al., 2016). Tests implemented during the CPT are similar to the individuals' daily activities (Schaber et al., 2016; Burns et al., 2018). Utilization of the CPT allows for more applicability to the individuals' daily lives, as well as, the interventions to be implemented. The CPT is to be administered to the individuals with ID to determine their overall cognitive functioning. It will be utilized to guide the intervention process and give

structure at the level at which the individual is at in comparison to where they need to be. This will allow for client-centered interventions that provide the just right challenge.



## CHAPTER III

### METHODOLOGY

A booklet that guides interventions to allow for an increase in functional independence for individuals with ID was created for this scholarly project. This was developed in response to a need for guided interventions to promote independence with this population based on the author's fieldwork experiences. The product serves as a guide that is grounded in theory and client-centered interventions for occupational therapists to implement in order to promote the highest level of independence for individuals with ID. The use of the Ecology Human Performance (EHP) model and the Occupational Therapy Practice Framework: Domain and Process, 4th edition was utilized through the scholarly project to serve as a guide for the development of the product.

The authors engaged in a review of literature using various databases including AJOT, PubMed, government documents, CINAHL, PsycInfo, SocIndex, EBSCOhost, and Google Scholar. A number of search words were utilized including, but are not limited to, intellectual disabilities, independence, interventions, Cognitive Performance Test (CPT), Instrumental Activities of Daily Living (IADLs), motivation, challenges, transition, living alone, autonomy, and self-determination. Research emphasized the strong desire that individuals with ID have to live independently, as well as the challenges that prohibit them from attaining that independence (Gragoudas, 2014).

Occupational therapists are well suited to work with clients to address these challenges and promote independence (Mahoney et al., 2016). Research identifies that occupational therapists express uncertainty with determining appropriate interventions to address completion

of IADLs for individuals with ID, therefore indicating a need for guided interventions (Mahoney et al., 2016).

The authors chose the Ecology of Human Performance model as the theoretical model to guide the development of the product. The EHP was designed to explore the relationship between important constructs in occupational therapy including person, context (physical, temporal, social, and cultural), therapeutic intervention, tasks, and performance (Dunn et al., 1994). The main concept of EHP is that ecology, also known as the interaction between the environment and people, affects human performance and behavior (Dunn et al., 1994). EHP operates under the impression that performance cannot be understood outside of context (Dunn et al., 1994). In other words, context is inseparable from an individual's ability to perform at a certain level. Additionally, context can either support or hinder an individual's performance.

EHP utilizes therapeutic intervention alternatives such as establish/restore, alter, adapt, prevent, and create approaches (Dunn et al., 1994). Due to this unique approach, EHP is a good fit with the product created for this scholarly project, as the main goal of the booklet is to increase individuals with ID independence level to progress towards living alone. Therapeutic intervention alternatives such as establish/restore, alter, create, and adapt approaches would likely aid the client in increasing their overall independence levels progressing them towards their overall goal of living independently. Throughout the booklet, each intervention includes a description of the EHP approach utilized.

The Occupational Therapy Practice Framework: Domain and Process, 4th edition was used as a guide to determine the types of occupations to be addressed. The authors developed interventions based on the IADLs listed in the framework. IADLs are described as the activities that support an individual's daily life within the home and community through complex

interactions (AOTA, 2020). This best addressed the purpose of the product, as the goal is to increase independence and engagement of individuals with ID in both their home and community. Each IADL is addressed with an intervention for each CPT score. The authors of this scholarly project recognize and understand the importance of utilizing theory to guide interventions for best practice to best address the needs of the population.

The CPT is a standardized and performance-based tool created by Theresa Burns that determines an individual's cognitive abilities (Schaber et al., 2016). It incorporated occupation-based tasks to investigate the level of deficit in information processing performance of everyday activities (Schaber et al., 2016). The authors chose this tool because it best addresses the needs of individuals with ID regarding living independently. The CPT incorporates IADLs in the assessment to determine one's cognitive abilities (Schaber et al., 2016). It was incorporated into the product to allow for client-centered interventions. The interventions were developed based on CPT levels to ensure tasks provide the just right challenge for the clients' cognitive abilities.

The overall structure of the booklet allows for easy readability and accessibility. The booklet is organized with tables. The booklet is organized by CPT scores and there is a table for each IADL at each CPT score. The table includes a description of performance, helpful tools, description of interventions, an intervention approach, and how to grade the intervention to be more or less challenging. This structure will allow for client-centered interventions that provide the just right challenge.

Occupational therapists have the skills set to address the specific needs of individuals with ID (Burns et al., 2018; Mahoney et al., 2015). Based on their ability to address the needs of individuals with ID, as well as their understanding and appreciation for client-centeredness,

occupational therapists are best equipped to administer the CPT and this product (Burns et al., 2018).

This scholarly project is based on an extensive literature review to guide the development of interventions supported by evidence. The product is guided by the concepts of EHP and the Occupational Therapy Practice Framework: Domain and Process, 4th edition with the implementation of interventions that are evidence-based and client-centered. The CPT is utilized to ensure that the interventions address the needs of the client and provide the just right challenge.

## CHAPTER IV

### PRODUCT/RESULTS

The creators of this scholarly project aim to create a booklet of guidelines regarding IADL interventions. This will be based on the CPT score of the client with an ID to help increase their independence at that specific level. Based upon the extensive literature review completed, therapists find it difficult to find the just right challenge when implementing IADL interventions with clients who have an ID. With utilizing the product created, both the occupational therapist and the client with an ID would benefit. The booklet allows for more efficient and effective layout to implementation interventions. The client would be less likely to feel frustrated due to an intervention that is too challenging or feelings of boredom due to an intervention being too easy. The product is intended for individuals with ID such as Autism Spectrum Disorder, Down Syndrome, Fragile-X Syndrome, Fetal Alcohol Syndrome, Cerebral Palsy, and others as described previously in the literature review. The CPT was chosen as opposed to other cognitive assessments because it is standardized and occupation-based (Burns et al., 2018). Another reason the CPT was chosen to guide the booklet was a result of its good validity and reliability (Schaber et al., 2016; Bar-Yosef, Weinblatt, & Katz, 2000). The EHP provides a framework for the development of the product along with using the Occupational Therapy Practice Framework, 4th edition. The following is the product in its entirety.

**A Practitioner's Guide: Using  
the Cognitive Performance Test  
to Increase Independent Living  
Skills for Individuals with  
Intellectual Disabilities**

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## **Introduction**


The product created is a booklet that serves as a guide to implement occupation-based and evidence-based interventions to promote independence for individuals with intellectual disabilities (ID). The interventions are organized by cognitive performance test (CPT) scores. This will ensure that the interventions are based on one's overall cognitive abilities to provide him/her with the just right challenge. The interventions are based on instrumental activities of daily living (IADLs), because they support engagement in the home and community (AOTA, 2020).

## **Description of Product**

The product is organized via tables for each CPT score to allow for efficient use and implementation of interventions. The tables include performance descriptions of an individual's abilities at that level, helpful tools, description of interventions, an intervention approach, and how to grade the intervention to be more or less challenging. The use of structured tables allows for efficient accessibility and readability of guided interventions and descriptions.

The product can be utilized by occupational therapists working with clients with ID. The therapists must administer the CPT prior to utilizing the product to determine their cognitive abilities. This will determine the interventions that will be implemented based on their abilities to allow for the just right challenge. Once the score is determined, the occupational therapist will access that section of the booklet. The occupational therapist will then implement the recommended interventions. Modifications may be required to best address the needs of the





client, therefore the booklet provides recommendations for grading of tasks. The interventions developed are based on clients' abilities and guided by theory to ensure they are client-centered.

### **Intellectual Disabilities**

An intellectual disability (ID) is characterized by limitations that an individual's experiences with regards to their intellectual functioning and adaptive behavior (Havercamp et al., 2019). This can be caused by a number of different circumstances including injuries, disease, genetics, or a neurological problem (Taylor, 2018). Examples of IDs include Fragile-X syndrome, Down Syndrome, Cerebral Palsy and Autism Spectrum Disorder (Taylor, 2018). Research suggests that this population is motivated to achieve more independence in their personal lives (Gragoudas, 2014). Approximately three percent of the global population lives with an ID, however only 14% of individuals with ID live in their home (Taylor, 2018; Woodman, Mailick, Anderson, & Esbensen, 2014). This population has the desire to live independently but faces various barriers to do so. Such barriers that limit individuals with ID ability to attain independence include completing activities of daily living (ADLs)/instrumental activities of daily living (IADLs), relationships with caregivers, perception of living alone, increased vulnerability, and health (Bond & Hurst, 2010). Individuals with ID are motivated to attain independence, but experience limitations and barriers that impact their ability to achieve that goal.

### **Cognitive Performance Test (CPT)**

The cognitive performance test (CPT) is utilized to allow for client-centered interventions that best address the needs of the clients being served. The CPT is an evaluation tool that determines one's

cognitive abilities through occupation-based tasks (Schaber, Stallings, Brogan, and Ali, 2016). This evaluation best addresses the purpose of this product, as it incorporates ADLs and IADLs to determine an individual's cognitive abilities (Schaber et al., 2016). The CPT will be utilized to guide and give structure to the intervention process. The interventions to be implemented will be based on the client's CPT score. This will allow for client-centered interventions that are within one's overall cognitive abilities.

Score	Description of Score
<b>5.6</b>	Able to process and implement information effectively and engage in activities independently.
<b>5.0</b>	Mild difficulty regarding executive control noted such as task planning, problem-solving, divided attention, and new learning. Such challenges impact one's ability to engage in IADL tasks. Recommended check in or partial supervision at this level.
<b>4.5</b>	Mild to moderate decline regarding executive control functions. Noted challenges regarding divided attention and consistent engagement in complex tasks. IADL deficits with regards to managing details and self-initiation. Recommended in-home assistance
<b>4.0</b>	Moderate decline regarding executive functioning present. An individual at this level relies on visual cues and routine to engage in daily tasks. Requires assistance with IADLs, as it is recommended to be done with others. It is not recommended that an individual functioning at this level should live alone.
<b>3.5</b>	Moderate decline regarding executive functioning. An individual at this level requires simple commands and basic sequencing of tasks. Recommended 24 hour supervision at this level.
<b>3.0</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>2.5 or Lower</b>	Severe functional decline regarding executive functioning. An individual at this level will require assistance completing IADLs and may be reliant on object-centered and movement/sensory processes. Little speech and sensory deprivation are often noted at this level.

Table 1 "Description of Cognitive Performance Test Scores" adapted from Burns, T. (2018). *Cognitive Performance Test revised manual*. Pequannock, NJ: Maddak.

## Instrumental Activities of Daily Living

Instrumental activities of daily living are described as activities that are utilized to support one within their home and community (AOTA, 2020). The following occupations have been adapted from the Occupational Therapy Practice Framework: Domain and Process, 4th edition and implemented into this booklet to allow for an increase in overall independence for individuals with ID in their home and community. Each IADL component is defined in Table 1.

<b>IADLs</b>	<b>Description</b>
<b>Care of Others</b>	Providing care for or arranging care for individuals that one is responsible for
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care
<b>Communication Management</b>	Using writing tools; such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically

Table 2 “Instrumental Activities of Daily Living Descriptions” adapted from American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>



### **Ecology of Human Performance**

The Ecology of Human Performance (EHP) model was utilized as a framework for the development of the product. This model served as a guide for the development of interventions to best address the needs of individuals with ID. EHP is described as the interaction between the environment and people (Dunn, Brown, & McGuigan, 1994). It puts emphasis on the impact that contexts can have on human performance and behavior (Dunn et al., 1994). This model outlines therapeutic intervention approaches including establish/restore, alter, adapt, prevent, and create approaches (Dunn et al., 1994). These approaches are utilized when implementing interventions based on the context and overall abilities of the client. The EHP is a model that was utilized to guide the development of the product and interventions by incorporating the concepts of the model to best address the needs of the population.

### Ecology of Human Performance Utilization

The Ecology of Human Performance framework was considered throughout the creation of this product. EHP focuses on the role of context in participation and the nature of the relationships among a person, their context, and tasks (Dunn, 2017). Numerous tasks exist around the person and performance occurs as a result of the person interacting with their context to complete tasks (Dunn, 2017). The figure below depicts how the context surrounds the person and how the person is rooted within their context. Five therapeutic approaches surface from the EHP framework including establish/restore, adapt/modify, alter, prevent, and create (Dunn, 2017). Through these intervention approaches the complexity of the person/context/task relationships are depicted with the overall goal of supporting the needs and interests of people (Dunn, 2017).

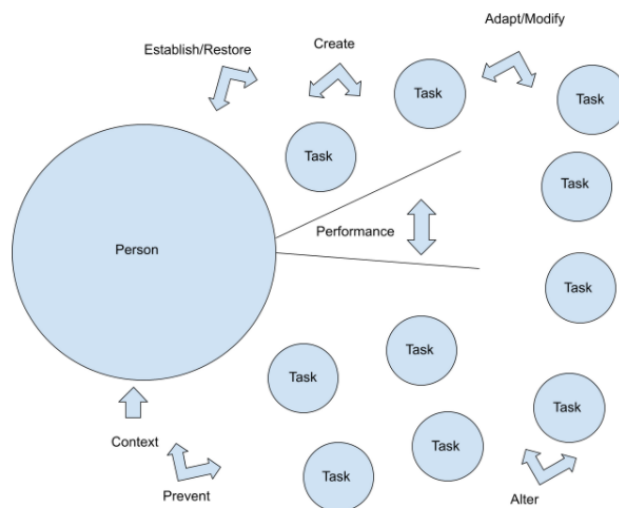


Figure 1 “Ecology of Human Performance use in Therapeutic Interventions ” adapted from Dunn, W. (2017). Chapter 9: The Ecological Model of Occupation. In 1309618987 962961700 J. Hinojosa, 1309618988 962961700 P. Kramer, & 1309618989 962961700 C. B. Royeen (Authors), *Perspectives on Human Occupation: Theories underlying practice* (2nd ed., pp. 207-220). Philadelphia: F.A. Davis Company.

### Intervention Approaches

There are five therapeutic approaches to interventions utilized in the Ecology of Human Performance framework. These therapeutic approaches demonstrate the complexity of the person, context, and task relationships. Supporting the performance needs/interests of the client is the primary goal of each intervention. The table below depicts the five approaches along with a brief description of each.

Intervention Approaches	Description
<b>Establish/Restore</b>	Remediate the client's skills and abilities
<b>Adapt/Modify</b>	Therapist designs a more supportive context for the client's performance. (May enhance contextual cues and reduce other features to minimize distractibility)
<b>Create</b>	Create circumstances that promote more adaptable or complex performance in a context
<b>Prevent</b>	Prevent the occurrence/evolution of maladaptive performance in context
<b>Alter</b>	Change the actual context in which a client performs (enables client to perform with current skills and abilities in a different setting that will accommodate their needs)

Table 3 "Description of EHP Intervention Approaches" adapted from Dunn, W. (2017). Chapter 9: The Ecological Model of Occupation. In 1309618987 962961700 J. Hinojosa, 1309618988 962961700 P. Kramer, & 1309618989 962961700 C. B. Royeen (Authors), Perspectives on Human Occupation: Theories underlying practice (2nd ed., pp. 207-220). Philadelphia: F.A. Davis Company.



**CPT Score of 5.0**

<b>CPT Score of 5.0 Care for Others</b>	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Care for Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Intervention 1</b>	Therapist may assist client to locate a place to work/volunteer such as a daycare. Therapist would instruct the client to assist in taking care of others in a structured environment. Interventions could include simulating caring for others.
<div> <div> <b>Grade Up:</b> Interventions could be made more challenging by giving several tasks to complete during the simulated care. </div> <div> <b>Grade Down:</b> Rather than having a 1:1 ratio with the children at the daycare, the patient may have a 2:1 ratio at which an additional staff member is assisting. </div> </div>	
<b>Intervention 2</b>	Therapist may assist client to locate a nursing home/assisted living facility to help the elderly population in their daily activities. Therapist would complete this intervention at a nursing home.
<div> <div> <b>Grade Up:</b> Therapist may decrease the amount of supervision the client has and give them more independence in creating/implementing activities. </div> <div> <b>Grade Down:</b> Therapist may increase the amount of supervision the client receives by having an additional staff member create/implement activity with the client. </div> </div>	
<b>Intervention Approach</b>	The create approach would be utilized in both interventions because of creation of work/volunteer opportunities to promote engagement in occupation.



CPT Score of 5.0 Caring of Pets and Animals	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Care for Others</b>	Providing care of or arranging care for pets
<b>Intervention 1</b>	Therapist may assist the client in creating a visual schedule including when to feed the pet/animal, when to take them out to use the restroom, as well as an exercise schedule. The therapist would instruct the client to practice utilizing the visual schedule when caring for their pet/animal.
<b>Grade Up:</b> Therapist may instruct the client to identify cues from their pet that may indicate their need to utilize the bathroom. <b>Grade Down:</b> Therapist will instruct the client to implement the schedule with a stuffed pet to ensure that he/she is able to maintain the schedule prior to caring for a real pet. Additionally, the therapist may instruct the client to post the visual schedule.	
<b>Intervention 2</b>	Therapist will instruct the client to create a visual poster consisting of the typical signs preceding a pet/animal's need to use the bathroom based on the species of the pet/animal. The therapist would instruct the client to practice utilizing the visual poster when caring for their pet/animal.
<b>Grade Up:</b> Therapist will instruct the client to locate various educational video clips online regarding bathroom routines correlating with the pet/animal the client has or wants utilizing a computer or smart device. Next, the therapist will instruct the client to identify signs within the clips that indicate that a pet/animal may need to use the bathroom. <b>Grade Down:</b> Therapist will collaborate with the client by assisting them in locating video clips online correlating with the pet/animal utilizing a computer or smart device. Next the therapist will instruct the client to watch the video clips. Finally, the therapist will review the main points and provide the client with a handout.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Child Rearing	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Care for Others</b>	Promoting the development and physiological needs of a child through support and care.
<b>Intervention 1</b>	Therapist will educate the client on the basics of child development as well as tending to the various needs of children. The therapist would correlate the information provided to the client based upon the age of the client's child and/or newborns if the client plans on having a child in the future.
<b>Grade Up:</b> Therapist would educate the client in further detail regarding the specific needs of children, such as emotional and psychological. Additionally, the therapist would provide the client with additional education on the level of responsibility required by caretakers. <b>Grade Down:</b> Therapist would instruct the client to describe the characteristics/habits of babies to initiate an educational conversation regarding caring for a child. Additionally, the therapist would educate the client by showing them video clips on various tasks regarding caring for a child.	
<b>Intervention 2</b>	Therapist would assist the client by collaborating with the client's family members that have children with the goal of allowing the client to practice caring for a child with the guidance of their family and/or the therapist.
<b>Grade Up:</b> Therapist may instruct the client's family members to decrease the amount of time that the client is directly supervised. Additional options include the therapist instructing the client to complete tasks specifically related to caring for a child independently. <b>Grade Down:</b> Therapist may increase the amount of supervision the client receives by having an additional staff member create/implement activity with the client. Additional options include demonstrating tasks related to caring for others.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Communication Management	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Intervention 1</b>	Therapist would educate the client by introducing alternative forms of communication through applications on a smartphone. The alternative forms of communication may include different social media such as Facebook, Instagram, and Snapchat. The client would be instructed by the therapist to practice utilizing social media applications as a form of communication with cues from the therapist as needed.
<b>Grade Up:</b> Therapist would instruct the client to utilize various types of social media applications based on the client's preferences. Next, the therapist would instruct the client to utilize three social media applications to communicate with other individuals. <b>Grade Down:</b> Therapist would educate the client on one new form of communication utilizing a social media application. Additional options include having the therapist break this intervention into two sessions to minimize potential stress or feelings of being overwhelmed by the client.	
<b>Intervention 2</b>	Therapist will introduce the client to the alternative methods of communication. Next, the therapist would educate the client on email and skype before practicing utilizing each with the client. The therapist would instruct the client to practice utilizing email and skype with cues from the therapist as needed.
<b>Grade Up:</b> Therapist would instruct the client to construct an email for a scenario provided by the therapist. Additionally, the therapist would individualize the scenario to fit the needs of the client. <b>Grade Down:</b> Therapist would provide the client with a written handout outlining the typical sections of an email. Additionally, the therapist would provide the client with a visual demonstration and/or a physical copy of an email.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Driving and Community Mobility		
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.	
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.	
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.	
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community.	
<b>Intervention 1</b>	Therapist will educate the client on different transportation methods within the community they live in including how to obtain tickets, rides, and typical routes/bus stops. Next, the therapist will provide the client with a handout of different transportation options within the community including contact information. The therapist would then practice using transportation methods with the client.	
<b>Grade Up:</b> Therapist would collaborate with the client to assist them in obtaining more specific information regarding different transportation methods including ride share applications such as Uber or Lyft.		<b>Grade Down:</b> Therapist would collaborate with the client to assist them in choosing the mode of transportation most suitable for the client.
<b>Intervention 2</b>	Therapist will educate the client on the importance of overall safety regarding public transportation. Additionally, the therapist would utilize a public transportation method of the client's choosing to practice utilizing safety when utilizing public transportation.	
<b>Grade Up:</b> Therapist will instruct the client to create a safety plan in the event a safety issue would occur when utilizing a transportation method.		<b>Grade Down:</b> Therapist would instruct the client to watch a short video regarding safety measures to be aware of when utilizing a bus, taxi, or ride share mode of transportation.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

<b>CPT Score of 5.0</b>	
<b>Financial Management</b>	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.
<b>Intervention 1</b>	Therapist will instruct the client to create a budget that includes the major expenses the client pays each month. Additionally, the therapist will instruct the client to add a monthly income they receive. The therapist would practice implementing the budget with the client in a scenario.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to add additional components to the budget including sections for savings, leisure activities, and maintenance funds. </div> <div> <b>Grade Down:</b> Therapist would collaborate with the client by assisting them with collecting the figures needed to complete the budget. </div> </div>	
<b>Intervention 2</b>	Therapist will instruct the client to make a purchase utilizing cash/check during a role play money management activity.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to balance a mock checkbook before engaging in a role play activity where the client will be instructed to purchase a mock item where the therapist will set the price. </div> <div> <b>Grade Down:</b> Therapist will provide visual/verbal cues when engaging in the role play money management activity. Additionally, the therapist would provide education on how to balance a checkbook and provide the client with a handout reviewing the education the client was just provided. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0	
Home Establishment and Management	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.
<b>Intervention 1</b>	Therapist will instruct the client to create a daily and weekly checklist consisting of tasks to be completed related to home establishment and/or management. Additionally, the checklists may be laminated and the client will be instructed to utilize a white board marker to check off items they have completed. The therapist would role play implementing the checklist to practice home establishment and management skills.
<div> <div> <b>Grade Up:</b> Therapist will instruct the client to create a monthly checklist in addition to a daily and weekly checklist consisting of tasks to be completed related to home establishment and/or management. </div> <div> <b>Grade Down:</b> Therapist would instruct the client to create a daily checklist only consisting of tasks related to home establishment and/or management. </div> </div>	
<b>Intervention 2</b>	Therapist would collaborate with the client by assisting them in determining a list of resources in the surrounding area regarding home repairs/maintenance.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to complete online research regarding how often home maintenance tasks should occur. Additionally, the therapist would instruct the client to create a list of phone numbers and timelines on when home maintenance tasks should occur. </div> <div> <b>Grade Down:</b> Therapist would collaborate with the client by assisting them in compiling a list of resources. Additionally, the therapist will educate the client on different home maintenance tasks as well as provide them with a handout reviewing the information they were provided for future use. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Meal Prep and Clean Up	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.
<b>Intervention 1</b>	Therapist will collaborate with the client by assisting them with creating a meal plan for three meals and two snacks a day. The therapist would then practice making one of the meals with the client.
<b>Grade Up:</b> Therapist will instruct the client may make a meal plan for a weeks-worth of meals. Additionally, the therapist would educate and encourage the client on nutritional and healthy food options to utilize when creating their meals.	
<b>Grade Down:</b> Therapist may instruct the client to plan one meal a day at least one day in advance.	
<b>Intervention 2</b>	Therapist will educate the client on safety precautions to take when utilizing various kitchen appliances. The therapist would then practice implementing safety precautions in the kitchen with the client.
<b>Grade Up:</b> Therapist will instruct the client to utilize one kitchen appliance when preparing a meal with the assistance of the therapist as needed.	
<b>Grade Down:</b> Therapist will provide the client with education regarding overall kitchen safety precautions to utilize when preparing a meal and/or cleaning up after a meal.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Religious and Spiritual Expression		
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.	
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.	
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.	
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.	
<b>Intervention 1</b>	Therapist will provide the client with education on religious and spiritual expression that the client can engage in while at home. Other options include developing a plan to practice the activities outside of the home.	
<b>Grade Up:</b> Therapist will instruct the client to create a list of different ways the client can practice their religious and spiritual expression.		<b>Grade Down:</b> Therapist would provide the client with a handout regarding different religions and spiritual expressions.
<b>Intervention 2</b>	Therapist would instruct the client to complete research of available in the community related to religious and spiritual expression. Next, the therapist will facilitate a discussion regarding opportunities for expression within their community.	
<b>Grade Up:</b> Therapist will instruct the client to complete research related to religious and spiritual expression resources in their community independently. Additionally, the therapist will facilitate a discussion with the client answering any potential questions that arose for the client as they were locating resources.		<b>Grade Down:</b> Therapist would collaborate with the client by assisting them in locating different resources/information regarding religious and spiritual expression opportunities in the client's community.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	



CPT Score of 5.0	
Safety and Emergency Maintenance	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Intervention 1</b>	Therapist would collaborate with the client to create a visual list of resources to utilize in the event of an emergency. Next, the therapist would instruct the client to hang this resource list where the client is easily able to access it if need be as well as practicing the safety procedures outlined in the list. Therapist would simulate contacting emergency resources with the client.
<div> <div> <b>Grade Up:</b> Therapist will instruct the client to create a resource list to utilize in the event of an emergency independently. </div> <div> <b>Grade Down:</b> Therapist will educate the client on different safety and emergency maintenance precautions to utilize. Additionally, the therapist will provide an educational handout to the client as a visual aid. </div> </div>	
<b>Intervention 2</b>	Therapist will instruct the client to engage in a role play activity with the therapist including different scenarios regarding safety and emergency maintenance. Next, the therapist will instruct the client to determine if the scenario is an emergency as well as identifying the steps to be taken if the scenario included an emergency event.
<div> <div> <b>Grade Up:</b> Therapist will instruct the client to provide specific examples of scenarios where calling 911 would be appropriate. </div> <div> <b>Grade Down:</b> Therapist will provide the client with pictorial scenarios where the client will be instructed to sort the pictures into two categories, one category being non-emergent and the other being an emergency situation. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 5.0 Shopping	
<b>Performance Description</b>	Client is able to process information through a variety of means including written, visual, verbal, and contextual cues. The client has mild working memory and difficulty with regards to executive functioning resulting in an increase in errors or impulsive, ineffective, or slow actions.
<b>Helpful tools to use for Interventions</b>	Utilizing calendars, reminder notes, or memory aids may assist the client in completing complex tasks. Other options include automatic bill pay, using printed lists, schedules, and medication boxes.
<b>Supervision</b>	A client at this level may live alone with weekly safety checks.
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.
<b>Intervention 1</b>	Therapist will instruct the client to prepare a shopping list of items they need to restock on.
<b>Grade Up:</b> Therapist would instruct the client to add items to the shopping list for meals they would like to make later in the week. <b>Grade Down:</b> Therapist would collaborate with the client by assisting them with creating a shopping list by encouraging the client to go through their cupboards/refrigerator to look for items that are low in stock.	
<b>Intervention 2</b>	Therapist would instruct the client to utilize the shopping list created in the previous intervention to collect items on the list from the grocery store.
<b>Grade Up:</b> Therapist would instruct the client to collect all items on the shopping list independently. <b>Grade Down:</b> Therapist would provide verbal/visual cues as needed to complete the task. Additionally, the therapist would provide the client with encouragement as needed.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



**CPT Score of 4.5**

CPT Score of 4.5 Care of Others	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Care of Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Intervention 1</b>	Therapist may assist client to find a library/daycare center to volunteer for 1-2 hours at a time while reading to children or completing a fun activity with them. Interventions may include reading to children or completing a simple craft with children which the therapist would practice with the client.
<div> <div> <b>Grade Up:</b> Therapist may increase the number of children or incorporate a more complex craft idea to grade this intervention up. </div> <div> <b>Grade Down:</b> Recommend completing activity with fewer people to decrease workload and distractions. Other options include the therapist instructing the client to complete a simpler craft. In the clinic setting, the therapist would plan an activity to be completed in an area with limited distractions. </div> </div>	
<b>Intervention 2</b>	Therapist may instruct the client to create a visual list of tasks to complete while looking after others by locating research via accredited websites or books. Interventions may include role playing tasks identified on the list.
<div> <div> <b>Grade Up:</b> In the clinic setting, therapist would plan an activity to be completed in an area with more distractions or with other clients. </div> <div> <b>Grade Down:</b> Therapist may assist the client in initiating and/or locating research from an accredited source based upon different ages to ensure information collected is related to age range the client expresses the desire to help care for. </div> </div>	
<b>Intervention Approach</b>	The create approach would be utilized for intervention 1 because of creation of work/volunteer opportunities to promote engagement in occupation. The adapt/modify approach would be used in intervention 2 to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.5 Care of Pets and Animals	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets.
<b>Intervention 1</b>	Therapist would instruct clients to set up recurring alarms for different tasks related to caring for pets such as when to feed animal, let animal out for exercise, and/or let the animal out to use the bathroom. Interventions would include practicing using the alarms and setting up a schedule.
<b>Grade Up:</b> Therapist may instruct client to set up one reminder early in the day as an audible/visual reminder of the tasks they need to complete throughout the day to ensure the pet/animal is taken care of properly. <b>Grade Down:</b> Therapist may assist client in setting up recurring alarms on smartphone, tablet, or watch to ensure they have audible/visual reminders to complete tasks necessary to take care of a pet/animal properly.	
<b>Intervention 2</b>	Therapist would instruct/assist the client in obtaining information on how to care for a specific pet/animal they have and or want in the future. Interventions could include practicing specific tasks that need to be completed to care for the animal such as cleaning an aquarium or washing the pet.
<b>Grade Up:</b> Therapist may instruct client to compare prices for pet supplies and obtain information on their own. Client will then come up with a plan on where to get supplies, when the feeding/bathroom schedule should be, and how to clean the cage or clean up after the pet. <b>Grade Down:</b> Therapist may locate information for the client and go through each piece of information with verbally and/or visually with a client handout.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.5 Child Rearing	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care.
<b>Intervention 1</b>	Therapist would instruct client to create a schedule of time the client and their child would spend together each week. The client may be prompted to collaborate with their child on at least three activities they would both display willingness to engage in. The client and their child would be instructed to collaborate on a day and time that works well for both individuals. Therapist would work with the client to identify safe and appropriate activities to complete.
<b>Grade Up:</b> Therapist may instruct the client to add additional activities the client can do with their child throughout the week or make the weekly activities longer. <b>Grade Down:</b> Therapist would instruct the client to choose one activity the client can complete with their child a week for less time. Other ways to grade this intervention include completing a simpler activity with less steps/supplies.	
<b>Intervention 2</b>	Therapist would instruct the client watch two different 5-10 minute childcare videos on researched techniques to use while raising a child. Next the therapist will instruct the client to identify which methods they most identify with as there are many to choose from. Interventions could include practicing techniques with a child or role playing.
<b>Grade Up:</b> Therapist would instruct the client fill out a worksheet while watching video and talk over the answers afterwards. Other options include instructing the client to locate/watch a longer video. <b>Grade Down:</b> Therapist would instruct the client watch a shorter video or less videos and go over key points made in the video with the client.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.5 Communication Management	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Intervention 1</b>	Therapist would instruct the client to review general guidelines to use while engaging in the use of social media to ensure the client utilizes social media safely. Interventions would focus on the client identifying guidelines for safety with social media.
<div> <div> <b>Grade Up:</b> Therapist would create a quiz after completing the client education going over the important parts of the content reviewed. </div> <div> <b>Grade Down:</b> Therapist will create/utilize a client handout that utilizes short phrases and appropriate level of language that can be easily understood by the client. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to construct a letter to a close family member/friend they would like to socialize with. The therapist would encourage the client to add photos or drawings.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to write a longer letter or send more than one letter to a friend/family member. </div> <div> <b>Grade Down:</b> Therapist would assist the client in writing the letter by collaborating with the client on different topics they could write to their friend/family member about. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 4.5</b>	
<b>Driving and Community Mobility</b>	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community. *It is not recommended that the client drive at this level due to their difficulty completing complex tasks.
<b>Intervention 1</b>	Therapist would assist the client in obtaining a map of bus routes and instruct the client to map out the routes the client frequently utilized. Next, the therapist would instruct the client to write out all the steps required to get from one place to another. Finally, the therapist would instruct the client to use the bus to get to each destination with cues as needed.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client take initiative to obtain the map as well as giving the client fewer cues when using the bus to get to a particular destination. </div> <div> <b>Grade Down:</b> Therapist would assist the client in writing the steps it takes to get from one place to another and go over each step with the client. </div> </div>	
<b>Intervention 2</b>	Therapist would take the client to each frequently visited place via bus route from the destination they will likely start at to assist the client in familiarizing themselves with the routes they will eventually take.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client write down all the steps it takes to get from one destination to another while taking the bus to a particular destination. </div> <div> <b>Grade Down:</b> Therapist would assist the client in traveling to one destination per day or take the client to one location via bus multiple times. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



<b>CPT Score of 4.5</b>	
<b>Financial Management</b>	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.
<b>Intervention 1</b>	Therapist will instruct the client to locate information on how to create a budget along with making a list of typical expenses a person of their age may have. The therapist would instruct the client to then practice creating a budgeting system.
<b>Grade Up:</b> Therapist would instruct the client to use their own expenses to make to create their own budget.	<b>Grade Down:</b> Therapist would assist the client in finding reliable information on how to create a budget and/or list of typical expenses a person of their age may have. Additionally, the therapist would instruct the client to locate a trusted individual to assist them in managing their finances.
<b>Intervention 2</b>	Therapist would instruct the client to create a list of their personal expenses and income monthly by using receipts for shopping and other expenses if possible.
<b>Grade Up:</b> Therapist would instruct the client to create another list of ways they could manage their expenses more fiscally by comparing costs of common expenses they have with other places.	<b>Grade Down:</b> Therapist would assist the client in creating a list of their personal expenses and income monthly.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 4.5</b>	
<b>Home Establishment and Management</b>	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.
<b>Intervention 1</b>	Therapist would instruct the client to create a color-coded large scale weekly calendar. Each specific task should be assigned a specific color.
<div> <b>Grade Up:</b> Therapist would instruct the client to construct the color-coded calendar independently. </div> <div> <b>Grade Down:</b> Therapist would assist the client by collaborating with the client to construct the color-coded weekly calendar. </div>	
<b>Intervention 2</b>	Therapist would instruct/assist the client to download/utilize a calendar app on phone/tablet/device to remind clients of when tasks need to be completed.
<div> <b>Grade Up:</b> Therapist would instruct the client to download a calendar app independently and add all the weekly tasks in the app for reminders on when the tasks need to be completed. </div> <div> <b>Grade Down:</b> Therapist would assist the client by collaborating with the client to choose a calendar app to download. </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.5 Meal Prep and Clean Up		
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.	
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.	
<b>Supervision</b>	A client at this level may live alone with daily checks.	
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.	
<b>Intervention 1</b>	Therapist would instruct the client choose a simple meal to prepare with the appliances/supplies they currently have in their home and provide cues/prompts if needed.	
<b>Grade Up:</b> Therapist would provide fewer cues for the client when they are preparing the meal.		<b>Grade Down:</b> Therapist would provide more cues/prompts for the client as needed regarding next steps to take or safety cues to ensure the client does not get hurt while cooking.
<b>Intervention 2</b>	Therapist would instruct the client to choose a meal they would like to make that they have never made before and to look up a video on how to make that meal step by step. Then have the client create a list of supplies needed to make that meal on their own.	
<b>Grade Up:</b> Therapist would instruct the client to go to the grocery store accompanied by the therapist to purchase additional supplies they may need for the meal. Then the client would be instructed to make the meal following the instructions/video.		<b>Grade Down:</b> Therapist would assist the client by giving the client 2-3 options of meals they have never made before to choose from. Next, the therapist would assist the client in making a list for additional supplies they may need in preparation for making the meal on a later date/time.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

CPT Score of 4.5 Religious and Spiritual Expression	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.
<b>Intervention 1</b>	Therapist would instruct the client to locate and watch 2-3 short 5-10 minute videos on different religions they express interest in learning more about.
<b>Grade Up:</b> Therapist would instruct the client to watch more than 2-3 videos or watch longer videos to learn about different religions and spiritual practices. <b>Grade Down:</b> Therapist would instruct the client to watch fewer videos or shorter videos to learn about different religions and spiritual practices as well as assist them in locating the videos.	
<b>Intervention 2</b>	Therapist would instruct the client to create a spirituality and religious board using various pictures/phrases they identify with to incorporate their religious and spiritual expression into a work of art they can use to decorate their home.
<b>Grade Up:</b> The therapist would instruct the client to create a larger spirituality/religion board with more aspects that encourage them to express themselves in this way. <b>Grade Down:</b> Therapist would instruct the client to choose fewer pictures/phrases to add to their religious/spirituality board. The therapist could also assist the client in putting the board together.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.5 Safety and Emergency Maintenance	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Intervention 1</b>	Therapist will instruct the client to create a list of steps to follow in safety and emergency situations such as fire, injury, or if the client feels they are in a dangerous situation.
<b>Grade Up:</b> Therapist would instruct the client to add phone numbers to their list to call in case of a specific emergency.	<b>Grade Down:</b> Therapist would collaborate with the client to assist the client in creating the steps to follow in cases of safety and emergency situations.
<b>Intervention 2</b>	Therapist will instruct the client to create a list of safety maintenance to complete annually to ensure all technology meant to keep the client safe is in working order.
<b>Grade Up:</b> Therapist would instruct the client to price match on different services that need to be completed annually such as spraying for bugs, water heater repairs, or plumbing repairs if needed.	<b>Grade Down:</b> Therapist would collaborate with the client to create the list of safety maintenance to complete annually along with numbers they can call to have someone fix the plumbing, water heater, or spraying for bugs if needed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 4.5</b> <b>Shopping</b>	
<b>Performance Description</b>	Client demonstrates a mild to moderate functional decline with significant difficulty completing complex daily tasks and beginning to have difficulty with self-care tasks. Client may experience a significant decline with memory, multi-tasking, and problem-solving skills. A client functioning at this level may or may not be aware of their own deficits and may demonstrate the ability to speak at a higher level than they can actually perform.
<b>Helpful tools to use for Interventions</b>	Utilizing audible alarm reminders, adaptive equipment for managing medications, microwaveable meals, schedules, and utilizing community resources may be beneficial for clients functioning at this level.
<b>Supervision</b>	A client at this level may live alone with daily checks.
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.
<b>Intervention 1</b>	Therapist would instruct the client to go shopping with a grocery list. Therapist would instruct the client to create a list with the first items being located near the back of the store. The client would be instructed by the therapist to pay.
<div> <div> <b>Grade Up:</b> Therapist would utilize fewer prompts/cues used and start by instructing the client to start at the top of the list and make their way down the list until the last item is found. </div> <div> <b>Grade Down:</b> The therapist could collaborate with the client by assisting them in writing the row number where the item can be found as well as providing additional prompts or cues to keep the client on task. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to draw map of route to use when retrieving groceries. The list no longer than 10 items if possible. Therapist would instruct the client to navigate through the store using the map with the client 2-5 times or until the client is comfortable.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to collect more than 10 items and/or give them fewer cues/prompts. </div> <div> <b>Grade Down:</b> Therapist would instruct the client to complete the task by providing more cues/prompts as needed as well as shorten the list to five items. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



**CPT Score of 4.0**

<b>CPT Score of 4.0</b> <b>Care of Others</b>	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Care of Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Intervention 1</b>	Therapist will instruct the client to volunteer at a daycare center to assist in caring for others. The client would be instructed to practice assisting in caring for others with the supervision of the therapist as needed.
<div> <div> <b>Grade Up:</b> Therapist would decrease the amount of direct supervision the client received while caring for others. </div> <div> <b>Grade Down:</b> Therapist would increase the amount of direct supervision the client received. Other options include instructing the client to care for one child at a time. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to volunteer at a nursing home or assisted living facility. The client would be instructed to practice caring for others while volunteering at a nursing home or assisted living facility with the supervision of the therapist as needed.
<div> <div> <b>Grade Up:</b> Therapist would decrease the amount of direct supervision the client received while working with the residents. </div> <div> <b>Grade Down:</b> Therapist would increase the amount of direct supervision the client received while working with residents. Other options include instructing the client to work with one resident at a time. </div> </div>	
<b>Intervention Approach</b>	The create approach would be utilized for both interventions because of creation of work/volunteer opportunities to promote engagement in occupation.



CPT Score of 4.0 Care of Pets and Animals		
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.	
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.	
<b>Supervision</b>	A client may live alone with others and caregiver support.	
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets.	
<b>Intervention 1</b>	Therapist would instruct the client to locate and volunteer at an animal shelter to assist with caring for animals and pets in a structured environment at which supervision is required. Once the client is volunteering at an animal shelter the therapist would instruct the client to practice caring for animals.	
<b>Grade Up:</b> Therapist would decrease the amount of supervision the client receives when volunteering at the animal shelter.		<b>Grade Down:</b> Therapist will increase the amount of direct supervision the client receives when volunteering at the animal shelter. Additionally, verbal/visual cues may be implemented as needed to ensure the client appropriately cares for the animals at the shelter.
<b>Intervention 2</b>	Therapist would instruct the client to assist family members with caring for their animals/pets. Once the client had a family member agree to allowing them to assist in caring for their animals/pets, the therapist would instruct the client to practice tasks related to caring for the animals/pets.	
<b>Grade Up:</b> Therapist would decrease the amount of direct supervision the client received when caring for a family member's pet/animal.		<b>Grade Down:</b> Therapist would increase the amount of direct supervision the client received when caring for a family member's pet/animal. Additional options include providing verbal/visual cues to assist the client with caring for pets/animals.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

CPT Score of 4.0 Child Rearing	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care.
<b>Intervention 1</b>	Therapist will educate the client on the basics of child development including tending to various needs of a child. After receiving education on child development, the therapist would instruct the client to practice utilizing the information.
<div> <div> <b>Grade Up:</b> Therapist would educate the client on child development in greater detail as well as facilitate discussion regarding a child's emotional and psychological needs throughout their development. </div> <div> <b>Grade Down:</b> Therapist would provide the client with an educational handout reviewing information on child development. Next, the therapist would facilitate a discussion with the client regarding the information previously reviewed as well as answer any questions the client may have. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to volunteer to care after a family member's child. Tasks may include changing diapers, feeding children, engaging in play with children, and supervising children.
<div> <div> <b>Grade Up:</b> Therapist would decrease the amount of direct supervision provided to the client as they care after a family member's child. </div> <div> <b>Grade Down:</b> Therapist would increase the amount of direct supervision the client receives when caring for a family member's child. Additionally, verbal/visual cues would be provided to the client as needed to ensure the safety of the client and child. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.0 Communication Management	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Intervention 1</b>	Therapist will instruct the client to engage in role play scenarios where the client contacts a family member or friend via cell phone.
<b>Grade Up:</b> Therapist would instruct the client to demonstrate the ability to utilize the cell phone to make a call independently. Additionally, the therapist would decrease the amount of verbal cues provided.	
<b>Grade Down:</b> Therapist would demonstrate how to communicate on the telephone.	
<b>Intervention 2</b>	Therapist would educate the client on appropriate situations to text a person as well as appropriate situations to call a person. Next, the therapist would facilitate a discussion with the client by instructing the client to provide examples of appropriate scenarios to text and/or call.
<b>Grade Up:</b> Therapist would instruct the client to actually text a family member about a subject of the client's choosing.	
<b>Grade Down:</b> Therapist will collaborate with the client by assisting them in determining different scenarios in which it is appropriate to call or text a family member or friend. Next, the therapist will facilitate a discussion with the client regarding appropriate times to call a person and the appropriate times to text a person.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.0 Driving and Community Mobility		
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.	
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.	
<b>Supervision</b>	A client may live alone with others and caregiver support.	
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community. * It is not recommended that the client drive at this level due to their difficulty completing complex tasks.	
<b>Intervention 1</b>	Therapist will instruct the client to locate and map and mark out the bus routes they could take to places they frequently visit.	
<b>Grade Up:</b> Therapist would instruct the client to use the routes mapped out on the map previously to go to the grocery store to buy items the client needs. Additionally, fewer cues may be provided during the session.		<b>Grade Down:</b> Therapist would assist the client in obtaining a map and marking out the bus routes to places the client frequently visits. Additionally, the therapist would provide increased verbal/visual cues to the client.
<b>Intervention 2</b>	Therapist would instruct the client to ride the bus accompanied by the therapist. Next, the therapist would facilitate a discussion with the client regarding the steps required to take public transportation such as the bus in a safe manner.	
<b>Grade Up:</b> Therapist would instruct the client to list the steps to take the bus to different commonly traveled locations. Additionally, the therapist would decrease the amount of verbal/visual cues provided during the session.		<b>Grade Down:</b> Therapist would educate the client on the steps required to take the bus as well as provide the client with an educational handout reviewing the information previously discussed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

CPT Score of 4.0 Financial Management		
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.	
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.	
<b>Supervision</b>	A client may live alone with others and caregiver support.	
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.	
<b>Intervention 1</b>	Therapist would educate the client on basic budgeting guidelines. Next, the therapist will provide the client with an educational handout reviewing the material the therapist previously went over.	
<b>Grade Up:</b> Therapist would instruct the client to create an actual budget utilizing the educational handout and education provided by the therapist.		<b>Grade Down:</b> Therapist would split this intervention into two shorter sessions as well as encourage the client to create a budget.
<b>Intervention 2</b>	Therapist will instruct the client to demonstrate writing a check.	
<b>Grade Up:</b> Therapist will instruct the client to balance their checkbook after writing a check out to ensure they are aware of how much money they have.		<b>Grade Down:</b> Therapist would provide an example of a filled out check. Additionally, the therapist would provide visual/verbal cues as needed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

CPT Score of 4.0 Home Establishment and Management		
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.	
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.	
<b>Supervision</b>	A client may live alone with others and caregiver support.	
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.	
<b>Intervention 1</b>	Therapist would instruct the client to complete a list of chores as well as designate days and times to complete the chores.	
<b>Grade Up:</b> Therapist would instruct the client to complete the designated chore for that day during the session after completing the list of chores.		<b>Grade Down:</b> Therapist would instruct the client to set a recurring alarm to assist the client in initiating the designated chore for that day.
<b>Intervention 2</b>	Therapist would instruct the client to create a list of cleaning tasks to engage in weekly to maintain their bedroom's cleanliness.	
<b>Grade Up:</b> Therapist would instruct the client to add more cleaning tasks to their weekly schedule.		<b>Grade Down:</b> Therapist would instruct the client to decrease the amount of weekly cleaning tasks to engage to maintain their bedroom's cleanliness. Additionally, the therapist would instruct the client to set up a recurring alarm on their cell phone, watch, or clock as a verbal reminder to complete cleaning tasks.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	

CPT Score of 4.0 Meal Prep and Clean Up	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.
<b>Intervention 1</b>	Therapist would instruct the client to collaborate with their family or roommates with meal preparation. Next, the therapist would instruct the family or prompt the client to engage in meal preparation tasks by cueing them to complete related tasks.
<div> <div> <b>Grade Up:</b> Therapist would decrease the amount of cues provided to the client when completing meal preparation tasks. Additionally, the therapist would instruct the client's family members to provide fewer verbal/visual cues when completing meal preparation tasks. </div> <div> <b>Grade Down:</b> Therapist would increase the amount of verbal/visual cues when completing meal preparation tasks and/or instruct the client's family members to increase verbal/visual cues when completing meal preparation tasks. Additional options include providing the client with simple, short instructions written down in addition to verbal/visual cues. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to assist in meal clean up tasks after consuming a meal.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to increase the amount of meal clean up tasks. </div> <div> <b>Grade Down:</b> Therapist will collaborate with the client to create a visual checklist of clean up tasks to complete after consuming a meal. Additionally, verbal/visual prompts would be provided as needed. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.0	
Religious and Spiritual Expression	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.
<b>Intervention 1</b>	Therapist will collaborate with the client to determine which religious/spiritual event such as a church service or meditation they would prefer to engage in. Next, the therapist will encourage the client to engage in the religious/spiritual practice.
<b>Grade Up:</b> Therapist would instruct the client to determine their own monthly schedule to set time aside to engage in religious and spiritual expression. <b>Grade Down:</b> Therapist would facilitate a short discussion with the client regarding the religious/spirituality the client prefers. Additionally, the therapist would encourage the client to ask any questions they may have.	
<b>Intervention 2</b>	Therapist will instruct the client to engage in yoga by following a 5-10 minute video to assist the client in exploring spirituality.
<b>Grade Up:</b> Therapist would instruct the client to engage in yoga following a longer video. Additional options include increasing the difficulty level of the yoga video. <b>Grade Down:</b> Therapist would educate the client on utilizing yoga as a form of spiritual expression. Additionally, the therapist would facilitate a discussion regarding the client's willingness to engage in yoga.	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



CPT Score of 4.0	
Safety and Emergency Maintenance	
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.
<b>Supervision</b>	A client may live alone with others and caregiver support.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Intervention 1</b>	Therapist would instruct the client to develop a safety plan in the event of a tornado and a fire. The safety plan would include information regarding where to go, who to call, and what to do in the event of a fire or tornado.
<div> <div> <b>Grade Up:</b> Therapist would instruct the client to develop a safety plan for additional emergencies including unexpected injuries and severe weather. </div> <div> <b>Grade Down:</b> Therapist would assist the client in developing a safety plan in the event of a fire or tornado by providing verbal/visual cues when needed. Additionally, the therapist would assist the client in locating resources on safety and emergency maintenance. </div> </div>	
<b>Intervention 2</b>	Therapist would instruct the client to demonstrate safety procedures and identify who to call based on the plan developed in the previous session in their home environment.
<div> <div> <b>Grade Up:</b> Therapist would facilitate a discussion with the client on how to react in the event of a fire or tornado in an environment other than their home. Additionally, the therapist would encourage the client to ask any questions they may have. </div> <div> <b>Grade Down:</b> Therapist would provide verbal/visual cues to the client as needed. Additionally, the therapist may provide the client with an educational handout on the safety plan created during the previous session. </div> </div>	
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 4.0 Shopping		
<b>Performance Description</b>	Client demonstrates a moderate functional decline and would experience difficulty completing complex daily tasks as well as self-care tasks. The client would demonstrate decreased initiation in completion of self-cares, decline with memory, decreased ability to plan, reason, and maintain own safety. The client would have limited ability to learn new things and start to become unaware of time and place.	
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, simplified tasks, routines, structured activities, and audible alarm reminders may be beneficial for a client functioning at this level.	
<b>Supervision</b>	A client may live alone with others and caregiver support.	
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.	
<b>Intervention 1</b>	Therapist would instruct the client to create a shopping list of the items the client is low on. The client will be educated on the benefits of organized shopping. The therapist will instruct the client to go shopping to obtain the items they need while being encouraged to shop in an organized manner and providing moderate verbal/visual cueing to maintain focus.	
<b>Grade Up:</b> Therapist would decrease the frequency of verbal/visual cues.		<b>Grade Down:</b> Therapist would increase the frequency of verbal/visual cues.
<b>Intervention 2</b>	Therapist would provide the client with a list of objects. The client will be instructed to determine the appropriate stores to buy the objects from.	
<b>Grade Up:</b> Therapist would instruct the client to either call or look up the prices of the objects online to compare prices at different stores.		<b>Grade Down:</b> Therapist would provide the client with a list of stores where each object can be found. The client would be instructed to identify which store each object could be found at.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.	



**CPT Score of 3.5**

<b>CPT Score of 3.5 Care for Others</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Care for Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Intervention 1</b>	Therapist will instruct the client to watch a short video where they can watch a demonstration of someone caring for another person. Next, the therapist will initiate a discussion regarding the important roles the caregiver completed with the client. Following the educational video and discussion, the therapist would instruct the client to practice caring for others based on the information they learned.
<b>Intervention 2</b>	Therapist will instruct the client to participate in a game where the object of the game is to complete an activity with demonstration. The activities would consist of simple tasks that either help make up a larger task or a simpler task relating to taking care of another person such as, changing a diaper on a doll, feeding a doll, or burping a doll.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 3.5 Care of Pets and Animals	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets.
<b>Intervention 1</b>	Therapist will instruct the client to watch a short 2-5 minute video on how to take care of a specific animal of the client's choosing. The therapist would instruct the client to practice caring for animals by utilizing a role play activity.
<b>Intervention 2</b>	Therapist will instruct the client to choose which type of animal/pet they would like to one day take care of. Next, the therapist will instruct the client to choose from a variety of pictures to decide what kinds of brushes, bowls, cages, etc. they would need to acquire before getting said animal/pet.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5 Child Rearing</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care.
<b>Intervention 1</b>	The client would be instructed to practice dressing a doll with cues from the therapist as needed.
<b>Intervention 2</b>	The child would be instructed to practice feeding a doll with cues from the therapist as needed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5 Communication Management</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Intervention 1</b>	Therapist would instruct the client to watch a video on ways to appropriately communicate with others verbally when exchanging pleasantries. The therapist would then instruct the client to practice the new skills through a role play activity.
<b>Intervention 2</b>	The client would be instructed to watch a 2-5 minute video on ways to appropriately ask questions and/or answer them.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5</b> <b>Driving and Community Mobility</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community. *It is not recommended that the client drive at this level due to their difficulty completing complex tasks.
<b>Intervention 1</b>	Therapist will set up a ride for the client by using a ride/taxi/cab service and write down the time, reason for transportation, and the place where the client will be picked up. Therapist would then set a reminder on the phone or call the client to ensure they know they are getting picked up. Verbal cues/prompts may be used if needed.
<b>Intervention 2</b>	Therapist would collaborate with the client by assisting them in locating different transportation options are available in their area.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



<b>CPT Score of 3.5 Financial Management</b>	
<b>Performance Description</b>	Therapist would instruct the client to watch a video on the different forms of transportation. Next, the therapist would collaborate with the client by assisting them in locating different transportation options are available in their area.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.
<b>Intervention 1</b>	Therapist would educate the client on the different values of coins and the name of coins.
<b>Intervention 2</b>	Therapist would educate the client of the different value of bills as well as the name of each bill.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5</b> <b>Home Establishment and Management</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.
<b>Intervention 1</b>	Therapist would instruct the client on how to wash dishes including drying and putting dishes away. The client would be instructed by the therapist to practice washing, drying, and putting dishes away.
<b>Intervention 2</b>	Therapist would instruct the client on how to mop/sweep a floor. The client would be instructed by the therapist to practice mopping/sweeping a floor.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5 Meal Prep and Clean Up</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.
<b>Intervention 1</b>	Therapist would instruct the client on how to prepare a simple meal of the client's choice.
<b>Intervention 2</b>	Therapist would instruct the client on how to prepare vegetables/potatoes/fruit and then complete the task with the assistance of the therapist.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5</b> <b>Religious and Spiritual Expression</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.
<b>Intervention 1</b>	Therapist will instruct the client to engage in watching a short sermon online or on television.
<b>Intervention 2</b>	Therapist will instruct the client to watch a video on how to meditate and/or participate in video to explore different ways to express their spirituality.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5</b> <b>Safety and Emergency Maintenance</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Intervention 1</b>	Therapist will instruct the client on how to properly make a phone call and then demonstrate with cues how to call 911 on a non-functional phone to practice calling for help when/if needed.
<b>Intervention 2</b>	Therapist will educate the client on appropriate scenarios to call 911.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.5 Shopping</b>	
<b>Performance Description</b>	Client score indicates moderate functional decline where the individual is unable to complete complex daily tasks and may experience significant difficulty with self-care tasks. Client may display a decline in language as demonstrated by incomplete sentences, or less spontaneous speech.
<b>Helpful tools to use for Interventions</b>	Utilizing demonstration, set-up assistance, step-by-step instructions, routines, and structured interventions with an individual functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24-hour supervision.
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.
<b>Intervention 1</b>	Therapist will instruct the client to create a grocery list with verbal cues when needed.
<b>Intervention 2</b>	Therapist will instruct the client to create a list of steps to take when grocery shopping with verbal cues when needed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



## **CPT Score of 3.0**

<b>CPT Score of 3.0 Care for Others</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Care for Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Intervention 1</b>	Therapist would educate the client on how to care for others utilizing social stories.
<b>Intervention 2</b>	Therapist would instruct the client to engage in a role play scenario with the therapist regarding tasks that would assist them in caring for others.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



<b>CPT Score of 3.0</b> <b>Care of Pets and Animals</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets.
<b>Intervention 1</b>	Therapist would instruct the client to engage in a role play activity where the client plays, feeds, and brushes a stuffed animal.
<b>Intervention 2</b>	Therapist would educate the client on ways to care for pets and animals utilizing social stories.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0 Child Rearing</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care.
<b>Intervention 1</b>	Therapist would instruct the client to engage in play with a baby doll. Additionally, the client would be instructed to feed the doll and burp the doll.
<b>Intervention 2</b>	Therapist would instruct the client to engage in play with a baby doll by completing dressing tasks and/or giving the doll a bath.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0 Communication Management</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Intervention 1</b>	Therapist would instruct the client to engage in role play to communicate in different scenarios.
<b>Intervention 2</b>	Therapist would collaborate with the client by assisting them in exploring different communication methods to determine the most proficient communication method.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0</b> <b>Driving and Community Mobility</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community. *It is not recommended that the client drive at this level due to their difficulty completing complex tasks.
<b>Intervention 1</b>	Therapist will instruct the client to watch a video educating the client on different safety precautions to utilize when riding a bus or utilizing a ride share application.
<b>Intervention 2</b>	Therapist will educate the client on care safety when the client is riding in a vehicle as a passenger.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0 Financial Management</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.
<b>Intervention 1</b>	Therapist would instruct the client to engage in a banking activity where the client would be instructed to collect and distribute specific amounts of money.
<b>Intervention 2</b>	Therapist would be instructed to sort various change/bills. The client will then be instructed to count out specific amounts of money.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0</b> <b>Home Establishment and Management</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.
<b>Intervention 1</b>	Therapist would instruct the client to observe cleaning tasks being completed by either a roommate or family member to allow for social learning.
<b>Intervention 2</b>	Therapist would instruct the client to engage in a small cleaning task such as sorting laundry and/or folding towels and provide the client with verbal/visual cues as needed.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0</b> <b>Meal Prep and Clean Up</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.
<b>Intervention 1</b>	Therapist would instruct the client on safely using the cleaning products the client has available to them.
<b>Intervention 2</b>	Therapist would instruct the client to safely utilize cleaning products from the previous intervention to clean up after a meal.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0</b> <b>Religious and Spiritual Expression</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.
<b>Intervention 1</b>	Therapist would instruct the client to engage in a routine weekly mass attendance with their family or friends.
<b>Intervention 2</b>	Therapist would instruct the client to engage in mindfulness by following along with a meditation audio clip of their choice.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



<b>CPT Score of 3.0</b> <b>Safety and Emergency Maintenance</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Intervention 1</b>	Therapist would collaborate with the caregiver to incorporate education on home safety specific to the client's environment and their needs.
<b>Intervention 2</b>	Therapist would collaborate with both the client and their caregiver to provide education on adaptive equipment the client may use to increase overall safety when completing tasks.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 3.0 Shopping</b>	
<b>Performance Description</b>	Moderate to severe decline regarding executive functioning. An individual at this level will require direct assistance with tasks with the use of increased cues.
<b>Helpful tools to use for Interventions</b>	Utilizing set-up assistance, a simple routine, and repetitive object-activity during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.
<b>Intervention 1</b>	Therapist would instruct the client to engage in shopping tasks with a caregiver.
<b>Intervention 2</b>	Therapist would instruct the client to engage in a role play activity where a simulated grocery store would be utilized. The client would be instructed to explore the simulated grocery store to locate different items similar to what an actual grocery store.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



## **CPT Score of 2.5 or Lower**

<b>CPT Score of 2.5 Care for Others</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Care for Others</b>	Providing care for or arranging care for individuals that one is responsible for.
<b>Interventions</b>	Interventions at this level could include short social stories showing how to care for others, short videos regarding caring for others, as well as demonstration of simple tasks to assist the client in learning how to care for others.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5 Care of Pets and Animals</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Care of Pets and Animals</b>	Providing care of or arranging care for pets.
<b>Interventions</b>	Interventions at this level would include social stories showing the proper caring for pets, short videos, and demonstrations on how to put food into a bowl to feed an animal/pet or how to brush an animal/pet.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5 Child Rearing</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Child Rearing</b>	Promoting the development and physiological needs of a child through support and care.
<b>Interventions</b>	Interventions at this level could include short videos on how to complete simple tasks such as feeding a baby, burping a baby, or holding a baby.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5 Communication Management</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Communication Management</b>	Using writing tools, such as telephones, communication, boards, braille, for the purpose of sending, receiving and interpreting information.
<b>Interventions</b>	Interventions at this level could include social stories, demonstration, and short videos displaying appropriate ways to communicate with others.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5</b> <b>Driving and Community Mobility</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Driving and Community Mobility</b>	Utilization of public or private transportation to allow for access to the community. Includes planning and moving around the community. *It is not recommended that the client drive at this level due to their difficulty completing complex tasks.
<b>Interventions</b>	Interventions at this level could include social stories, demonstration, and short videos on individuals using buses/taxis/ or other forms of transportation.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.



<b>CPT Score of 2.5 Financial Management</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Financial Management</b>	The utilization of financial resources to set long-term and short-term goals to allow for management of finances.
<b>Interventions</b>	Interventions at this level could include demonstration or videos regarding how to manage money or by providing the client with money to practice purchasing and item.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5</b> <b>Home Establishment and Management</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Home Establishment and Management</b>	Maintaining household possessions and environment by obtaining the resources to maintain and repair personal possessions.
<b>Interventions</b>	Interventions at this level could include social stories, demonstration, or videos on completing home establishment/management tasks.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5 Meal Prep and Clean Up</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Meal Prep and Clean Up</b>	Engagement in meal preparation tasks such as planning and preparing meals, as well as cleaning up food and tools.
<b>Interventions</b>	Interventions at this level could include making toast, cereal, or other simple meals with the instruction/prompts/demonstration from the occupational therapist.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5</b> <b>Religious and Spiritual Expression</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Religious and Spiritual Expression</b>	Participation activities or organizations that allow an individual to find meaning or spiritual value through the practice of self-fulfillment.
<b>Interventions</b>	Interventions at this level could include demonstration, videos, or social stories on how others practice religious and spiritual expression. The therapist could also instruct the caregiver to assist the client in initiating participating in the occupation.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

CPT Score of 2.5 Safety and Emergency Maintenance	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Safety and Emergency Maintenance</b>	Initiating an emergency action when determining and recognizing potential risks and unexpected hazardous situations to reduce threats to safety.
<b>Interventions</b>	Interventions at this level could include demonstration, videos, or social stories on how to complete safety/emergency maintenance.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

<b>CPT Score of 2.5 Shopping</b>	
<b>Performance Description</b>	Client's score indicates severe functional decline with poor use of familiar objects and would require total assist with cares. At this level clients may be resistant to cares and produce little speech.
<b>Helpful tools to use for Interventions</b>	Utilizing a simple routine, modeling, repetition, and extra time during interventions may be beneficial for a client functioning at this level may increase the overall therapeutic outcome.
<b>Supervision</b>	A client at this level should have 24 hour supervision from a caregiver.
<b>Shopping</b>	Engaging in tasks related to purchasing items such as preparing lists, selecting/purchasing items, determining payment methods, and managing purchasing items electronically.
<b>Interventions</b>	Interventions at this level could include demonstration, videos, or social stories on how to complete shopping.
<b>Intervention Approach</b>	The adapt/modify approach would be used to modify how the activities are typically completed in order to promote independence for the client.

## References

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>

Bar-Yosef, C., Weinblatt, N., & Katz, N. (2000). Reliability and Validity of the Cognitive Performance Test (CPT) in an Elderly Population in Israel. Physical & Occupational Therapy In Geriatrics, 17(1), 65-79. doi:10.1080/j148v17n01\_06


Bond, R. J., & Hurst, J. (2010). How adults with learning disabilities view living independently. British Journal of Learning Disabilities, 38(4), 286-292. doi:10.1111/j.1468-3156.2009.00604.x

Burns, T. (2018). *Cognitive Performance Test revised manual*. Pequannock, NJ: Maddak.

Dunn, W., Brown, C., & McGuigan, A. (1994). The Ecology of Human Performance: A Framework for Considering the Effect of Context. American Journal of Occupational Therapy, 48(7), 595–607. <https://doi.org/10.5014/ajot.48.7.595>

Dunn, W. (2017). Chapter 9: The Ecological Model of Occupation. In 1309618987 962961700 J. Hinojosa, 1309618988 962961700 P. Kramer, & 1309618989 962961700 C. B. Royeen (Authors), *Perspectives on Human Occupation: Theories underlying practice* (2nd ed., pp. 207–220). Philadelphia: F.A. Davis Company.

Gragoudas S. (2014). Preparing students with disabilities to transition from school to work through self-determination training. Work (Reading, Mass.), 48(3), 407–411. <https://doi-org.ezproxylr.med.und.edu/10.3233/WOR-131782>



Havercamp, S. M., Krahn, G. L., Larson, S. A., Fujiura, G., Goode, T. D., & Kornblau, B. L. (2019).

Identifying People With Intellectual and Developmental Disabilities in National Population Surveys. *Intellectual and Developmental Disabilities*, 57(5), 376-389. doi:10.1352/1934-9556-57.5.376

Schaber, P., Stallings, E., Brogan, C., & Ali, F. (2016). Interrater Reliability of the Revised Cognitive Performance Test (CPT): Assessing Cognition in People With Neurocognitive Disorders.

*American Journal of Occupational Therapy*, 70(5), 1–6. <https://doi-org.ezproxylr.med.und.edu/10.5014/ajot.2016.019166>

Taylor, D. (2018) “Americans with disabilities: 2014,” Current Population Reports, P70-152, U.S.

Census Bureau, Washington, DC, 2018. Retrieved: 03/02/2021 from

<https://www.census.gov/content/dam/Census/library/publications/2018/demo/p70-152.pdf>

Woodman, A. C., Mailick, M. R., Anderson, K. A., & Esbensen, A. J. (2014). Residential Transitions

Among Adults With Intellectual Disability Across 20 Years. *American Journal on Intellectual and Developmental Disabilities*, 119(6), 496-515. doi:10.1352/1944-7558-119.6.496



## CHAPTER V

### SUMMARY

The purpose of this scholarly project was to develop a booklet of interventions based on CPT scores that address individuals with ID and their ability to engage in IADLs to promote independence in their home and community. Individuals with ID have a strong desire to gain independence and achieve their goals (Gragoudas, 2014). Therefore, this booklet provides occupational therapists with a guide to address the needs of individuals with ID in a way that is client-centered, evidence-based, and occupation-based.

There are several strengths of this scholarly project. The booklet addresses a need for individuals with ID that has not previously been addressed. The contents of this booklet are individualized to the client's abilities to allow for client-centered care. The booklet had been developed based on an extensive literature review, as well as guided theory. The interventions implemented should be based on the client's CPT scores, as well as, their overall goals towards achieving independence.

Several limitations were identified during the development of the product. The basis of the booklet is centered around one's CPT score to allow for client-centered intervention implementation. Implementation of the CPT requires time from the occupational therapy which may impact productivity standards. Additionally, there are a limited number of interventions for each IADL. Depending on the CPT score, many of the occupations are accompanied by two interventions. One limitation is that the product was not able to be implemented in a clinical setting to determine effectiveness. Another limitation that may arise is difficulty testing the effectiveness due to individuals with ID being considered a vulnerable pop which may increase difficulty obtaining IRB approval. An additional possible limitation associated with the product

may include obtaining institutional review board (IRB) approval. IRB approval may be more difficult to obtain due to the creators working with the vulnerable population. Lastly, the booklet was developed to allow for occupation-based interventions, which is emphasized in the occupational therapy practice. Therefore, the booklet may not be an appropriate tool to use with other professions.

This booklet has not yet been implemented into practice; however, it is recommended to do so through further scholarly project collaboration. Further research may be completed following implementation of this booklet to determine the effectiveness of interventions. The research may address outcome measures, quality of life, and overall level of independence following the implementation of the booklet. Other recommendations for further product development may include additional development of guided IADL interventions. The product usefulness may also be measured through readministration of the CPT to determine overall improvement in outcome measures.

This scholarly project will be beneficial to occupational therapists to address the needs of their clients with ID with regards to achieving independence. The occupational therapy profession will have a user friendly guide to incorporate interventions that are grounded in theory, client-centered, and evidence-based. As a result of the implementation of this product, the authors expect increased independence and knowledge of resources available for individuals with ID.

## REFERENCES

- American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). *American Journal of Occupational Therapy*, 74(Suppl. 2), 7412410010. <https://doi.org/10.5014/ajot.2020.74S2001>
- Ashley, D., Fossey, E., & Bigby, C. (2019). The home environments and occupational engagement of people with intellectual disabilities in supported living. *British Journal of Occupational Therapy*, 82(11), 698-709. doi:10.1177/0308022619843080
- Bar-Yosef, C., Weinblatt, N., & Katz, N. (2000). Reliability and Validity of the Cognitive Performance Test (CPT) in an Elderly Population in Israel. *Physical & Occupational Therapy In Geriatrics*, 17(1), 65-79. doi:10.1080/j148v17n01\_06
- Bigby, C., Douglas, J., Carney, T., Then, S., Wiesel, I., & Smith, E. (2017). Delivering decision making support to people with cognitive disability - What has been learned from pilot programs in Australia from 2010 to 2015. *Australian Journal of Social Issues*, 52(3), 222-240. doi:10.1002/ajs4.19
- Bond, R. J., & Hurst, J. (2010). How adults with learning disabilities view living independently. *British Journal of Learning Disabilities*, 38(4), 286-292. doi:10.1111/j.1468-3156.2009.00604.x
- Burns, T., Lawler, K., Lawler, D., McCarten, J. R., & Kuskowski, M. (2018). Predictive Value of the Cognitive Performance Test (CPT) for Staging Function and Fitness to Drive in People With Neurocognitive Disorders. *American Journal of Occupational Therapy*, 72(4). doi:10.5014/ajot.2018.027052
- Conrad, J. A. (2018). On intellectual and developmental disabilities in the United States: A historical perspective. *Journal of Intellectual Disabilities*, 24(1), 85-101. doi:10.1177/1744629518767001

- Dew, A., Collings, S., Savage, I. D., Gentle, E., & Dowse, L. (2018). "Living the life I want": A framework for planning engagement with people with intellectual disability and complex support needs. *Journal of Applied Research in Intellectual Disabilities*, 32(2), 401-412. doi:10.1111/jar.12538
- Dunn, W. (2017). Chapter 9: The Ecological Model of Occupation. In 1309618987 962961700 J. Hinojosa, 1309618988 962961700 P. Kramer, & 1309618989 962961700 C. B. Royeen (Authors), *Perspectives on Human Occupation: Theories underlying practice* (2nd ed., pp. 207-220). Philadelphia: F.A. Davis Company.
- Dunn, W., Brown, C., & McGuigan, A. (1994). The Ecology of Human Performance: A Framework for Considering the Effect of Context. *American Journal of Occupational Therapy*, 48(7), 595–607. <https://doi.org/10.5014/ajot.48.7.595>
- Dusseljee, J.C.E., Rijken, P.M., Cardol, M., Curfs, L.M.G. and Groenewegen, P.P. (2011), Participation in daytime activities among people with mild or moderate intellectual disability. *Journal of Intellectual Disability Research*, 55: 4-18. <https://doi.org/10.1111/j.1365-2788.2010.01342.x>
- Evangelist, M. (2019). Person–Environment–Occupation Model: An acute care application. *SIS Quarterly Practice Connections*, 4(3), 26–28.
- Francis, G. L., & Reed, A. S. (2019). Rethinking Efforts to Ground the Helicopter Parent: Parent Experiences Providing Support to Young Adults With Disabilities. *Focus on Autism and Other Developmental Disabilities*, 34(4), 246-256. doi:10.1177/1088357619827931
- Gragoudas S. (2014). Preparing students with disabilities to transition from school to work through self-determination training. *Work (Reading, Mass.)*, 48(3), 407–411. <https://doi-org.ezproxylr.med.und.edu/10.3233/WOR-131782>

- Havercamp, S. M., Krahn, G. L., Larson, S. A., Fujiura, G., Goode, T. D., & Kornblau, B. L. (2019). Identifying People With Intellectual and Developmental Disabilities in National Population Surveys. *Intellectual and Developmental Disabilities*, 57(5), 376-389. doi:10.1352/1934-9556-57.5.376
- Helloasiwise. (2018, March 21). The "just right challenge" is not just about equipment and activity, it's about our therapeutic use of self – as OT's doing ASI we need to be shapeshifting chameleons. Retrieved November 23, 2020, from <https://sensoryproject.org/2018/03/21/the-just-right-challenge-is-not-just-about-equipment-and-activity-its-about-our-therapeutic-use-of-self-as-ots-doing-asi-we-need-to-be-shape-shifting-chameleons/>
- Kramer, J. M., Helfrich, C., Levin, M., Hwang, I., Samuel, P. S., Carrellas, A., . . . Kolaczyk, E. D. (2018). Initial evaluation of the effects of an environmental-focused problem-solving intervention for transition-age young people with developmental disabilities: Project TEAM. *Developmental Medicine & Child Neurology*, 60(8), 801-809. doi:10.1111/dmcn.13715
- Mahoney, W. J., Roberts, E., Bryze, K., & Kent, J. A. (2016). Brief Report—Occupational engagement and adults with intellectual disabilities. *American Journal of Occupational Therapy*, 70, 7001350030. <http://dx.doi.org/10.5014/ajot.2016.016576>
- Mahoney, W. J., Roberts, E., Bryze, K., & Kent, J. A. (2015). Occupational Engagement and Adults With Intellectual Disabilities. *American Journal of Occupational Therapy*, 70(1). doi:10.5014/ajot.2016.016576
- Midjo, T., & Aune, K. E. (2017). Identity constructions and transition to adulthood for young people with mild intellectual disabilities. *Journal of Intellectual Disabilities*, 22(1), 33-48. doi:10.1177/1744629516674066

- Pallisera, M., Vilà, M., Fullana, J., Díaz-Garolera, G., Puyalto, C., & Valls, M. (2018). The role of professionals in promoting independent living: Perspectives of self-advocates and front-line managers. *Journal of Applied Research in Intellectual Disabilities*, 31(6), 1103-1112. doi:10.1111/jar.124470
- Petner-Arrey, J., & Copeland, S. R. (2014). ‘You have to care.’ perceptions of promoting autonomy in support settings for adults with intellectual disability. *British Journal of Learning Disabilities*. doi:10.1111/bld.12084
- Price, R., Marsh, A. J., & Fisher, M. H. (2017). Teaching Young Adults with Intellectual and Developmental Disabilities Community-Based Navigation Skills to Take Public Transportation. *Behavior Analysis in Practice*, 11(1), 46–50. <https://doi.org/10.1007/s40617-017-0202-z>
- Root, J., Saunders, A., Spooner, F., & Brosh, C. (2017). Teaching Personal Finance Mathematical Problem Solving to Individuals With Moderate Intellectual Disability. *Career Development and Transition for Exceptional Individuals*, 40(1), 5–14. <https://doi.org/10.1177/2165143416681288>
- Schaber, P., Stallings, E., Brogan, C., & Ali, F. (2016). Interrater Reliability of the Revised Cognitive Performance Test (CPT): Assessing Cognition in People With Neurocognitive Disorders. *American Journal of Occupational Therapy*, 70(5), 1–6. <https://doi-org.ezproxylr.med.und.edu/10.5014/ajot.2016.019166>
- Taylor, D. (2018) “Americans with disabilities: 2014,” Current Population Reports, P70-152, U.S. Census Bureau, Washington, DC, 2018. Retrieved: 03/02/2021 from <https://www.census.gov/content/dam/Census/library/publications/2018/demo/p70-152.pdf>
- Woodman, A. C., Mailick, M. R., Anderson, K. A., & Esbensen, A. J. (2014). Residential Transitions Among Adults With Intellectual Disability Across 20 Years. *American Journal on Intellectual and Developmental Disabilities*, 119(6), 496-515. doi:10.1352/1944-7558-119.6.496

World Health Organization. (2012). *Violence against adults and children with disabilities*. Retrieved: 04/12/2021 from <https://www.who.int/disabilities/violence/en/>.